### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

### **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

Facility Name: BIRCH CREEK BY HILLCREST (0009591)

Address: 525 N 10TH ST, DE PERE, WI 54115

**License Status: REGULAR** 

Licensed/Certified/Registered 11/01/2002

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

#### **Survey History**

Survey ID: 0096902 End Date: 05/02/2006 Type: OTHER Purpose: COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007297 Served 05/12/2006

<u>Compliance</u>

Deficiencies Cited Subject Area Verified Corrected

83.21(4)(w) SAFE ENVIRONMENT 83.32(2)(a)1 PHYSICAL HEALTH

Survey ID: 0095234 End Date: 06/28/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007179

		Compliance		
<b>Deficiencies Cited</b>	Subject Area	<u>Verified</u>	Corrected	
83.32(2)(a)1	PHYSICAL HEALTH	04/25/2006	No	
83.33(2)(d)	COMMUNITY ACTIVITIES	04/25/2006	Yes	
83.33(3)(e)2.b	INJECTIONS	04/25/2006	Yes	
83.34(3)(b)1	IDENTIFY THE NEEDS OF THE RESIDENT	04/25/2006	Yes	
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/25/2006	Yes	

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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### **Enforcement History**

Date: 05/11/2006 SOD #10007297 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(2)(a)1

Date: 07/19/2005 SOD #10007179 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(2)(a)1 FORFEITURE---83.33(3)(e)2.b FORFEITURE---83.42(3)(f)

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#### **Complaint History**

Date Complaint Received: 11/22/2005 Date Investigation Completed: 05/02/2006

Subject Area(s) Result SOD #

SUPERVISION NOT SUBSTANTIATED

PHYSICAL PLANTS & SAFETY HAZARDS SUBSTANTIATED 10007297

MEDICATIONS NOT SUBSTANTIATED

ADMINISTRATION SUBSTANTIATED 10007297

STAFF ADEQUACY NOT SUBSTANTIATED

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